Name in Full

Certificate of Death

Virginia Allen

Died at Town: Near Forestville County: Pr. Geo. MARYLAND

Date ~~189~~ 1900 Month: 1 Day: 23 | Age Y.: 65 M.: D.: | Native of: Md | Occupation: Housekeeper

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ | Number of children living: 6

~~Husband~~ / Wife of Frederick Allen

~~Father's~~ Name | Mother's Name

Cause of Death: Primary: Heart trouble — How long sick: 10 Minutes

Immediate: " Failure — Accident, Suicide, Homicide

Reported by Scott Armstrong

Address Forestville Md. They had no Dr.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 61088

Name in Full Thomas David Bond

Certificate of Death

Died at near Town Laurel County Prince George MARYLAND

Date 1900 Month 1 Day 26 | Age Y. 71 M. D. | Native of Md | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 8

Husband ~~Wife~~ of Jennie Miller

Father's Name Mother's Maiden Name

Cause of Death { Primary 1556 | How long sick 2 weeks

Immediate Heart failure | Accident, Suicide, Homicide

Reported by Ellicott City Progress

Address Feb. 3, 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Sarah Darnell

Certificate of Death

Died ~~at~~ near Town: Queen Anne County: Prince George's MARYLAND

Date ~~189~~ 1900 Month: 1st Day: 10th Age Y.: 76 M.: 7 D. Native of: United States Occupation: Housekeeper

~~Male~~ ~~White~~ Married Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of

Father's Name: Salisbury Brooks Mother's Name

Cause of Death: Primary: Obscure brain trouble. How long sick: Six days

Immediate: Exhaustion Accident, Suicide, Homicide

Reported by: J. F. R. Dufour, M.D.

Address: Mitchellville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963

Name in Full | Certificate of Death

Mary Virginia Diggs

Died at Town: Near Forestville County: Pr Geo MARYLAND

Date ~~189~~ 1900 Month 1 Day 11 Age Y. 53 ~~M. D.~~ Native of Md. Occupation House work

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ ~~of~~ ~~Wife~~

~~Father's~~ ~~Mother's~~

~~Name~~ ~~Name~~

Cause of Death: Primary Heart Failure — How long sick Droped Dead

Immediate — Accident, Suicide, Homicide

Reported by Scott Armstrong

Address Forestville Md. They had no Dr.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66868

Name in Full Vessa O. Duley

Certificate of Death

Died at Town Croom Sta County Pr Geo MARYLAND

Date 1900 Month Jan Day 19 Age Y. 28 M. 5 D. Native of Md Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of J W Duley

Father's Name Israel Beall Mother's Name Elizabeth Beall

Cause of Death Primary Puerperal & Typhoid fevers How long sick 2 weeks

Immediate Intestinal Hemorrhage ~~Accident Suicide, Homicide~~

Reported by Dr W. H. Gibbons

Address Croom Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Philip Fenwick

Died Town: near Aquasco | County: Prince Geo | MARYLAND

Date 1904 | Month: Jan | Day: 31 | Age: Y. M. D. 7 | Native of: Maryland | Occupation

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | ~~Number of children living~~

Husband of Wife

Father's Name: William Fenwick | Mother's Name: Rhodia Fenwick

Cause of Death: Primary: Grip Complicated | How long sick: 3 weeks

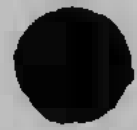
Immediate: Convulsions & Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by: Wm. A. Marbury M.D.,

Address: Aquasco Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]



Name in Full

Certificate of Death

John Colborne

Died at Town: Woodville County: Pr. Geo's MARYLAND

Date: Month Jan Day 4 | Age: Y. 79 M. 5 D. | Native of Md | Occupation Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 6

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary — General Debility — How long sick 2 yrs

Immediate — Heart failure

Accident, Suicide, Homicide

Reported by H Morton Downes

Address Aquasco Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full

Certificate of Death

Geo. A. Dorr

Died at Town Hyattsville County Pr. George MARYLAND

Date 19 00 Month 1 Day 22 Age Y. 55 M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Maiden Name 145 d.

Cause of Death Primary fracture of skull

Immediate (struck by train)

How long sick

Accident, Suicide, Homicide

Reported by Emmitsburg Chronicle 1-26

Address Filed 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Name in Full Edward Harrison

Certificate of Death 5

Died at Town Cheltenham County P. George MARYLAND

Date 1880 Month June Day 14 Age Y. M. D. Native of Occupation Cure hops

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name William Harrison Mother's Name

Cause of Death: Primary acute Diffuse (Purulent) Peritonitis — How long sick 1 day in hospital

Immediate Heart Failure. — Accident, Suicide, Homicide

Reported by John Lawrence M.D. 93

Address Cheltenham

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Died at Town Branchville County Prince George MARYLAND

Date ~~189~~ 1900 Month Jan Day 29 Age Y. 80 M. 9 D. Native of Maryland Occupation None

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 5

Husband of Wife Edward Seitz

Father's Name John D. Harvey Mother's Name Mary Harvey

Cause of Death Primary Pneumonia How long sick 6 days

Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by A. H. Lee, M.D.

Address Berwyn Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Matthew Johnson

Died at Town near Marlboro County Pr. Geo. MARYLAND

Date ~~189~~ 1900 Month 1 Day 26 | Age Y. 17 M. D. | Native of Md | Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living

~~Husband~~ of Wife

Father's Name Geo. W. Johnson

Mother's Name Emily Johnson

Cause of Death { Primary Consumption | How long sick 1 year

Immediate | Accident, Suicide, Homicide

Reported by Scott Armstrong

Address Forestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. B. Lasser
of Marlboro

Information contained in this certificate
ceived from Geo. W. Johnson
of Marlboro Md

Name in Full — Certificate of Death

Edith Blanche Kelner.

Died at Town: Riverdale, County: Prince George, MARYLAND

Date 1900. Month: Jan. Day: 29 | Age Y. 10 M. 4 D. 15 | Native of Ohio. | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name: Jas. H. Kelner. | Mother's Name: Mary R. Kelner.

Cause of Death — Primary: Scarlet Fever. | How long sick: 3 weeks.

Immediate: acute diffuse Nephritis. | ~~Accident, Suicide, Homicide~~

Reported by: O. M. McMillan, M.D.

Address: Riverdale, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 85968

Name in Full

Alice R. Norton

Certificate of Death

Died at Town Sandoval County P. Geo MARYLAND

Date 1900 Month Day Day 20 Age Y. 12 M. — D. Native of Md Occupation House Girl

Male / Female White / Colored Married / Single Widow / Widower Divorced / Number of children living

Husband / Wife of

Father's Name Samuel Norton

Mother's Name Nancy Norton

Cause of Death: Primary Phthisis Pulmonalis

Immediate Asthenia

How long sick Two years

Accident, Suicide, Homicide

Reported by Chesaurus

Address Blattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full

Certificate of Death

Henrietta Diggs Oakey

Town

Died at Mitchellsville

County

Prince George

MARYLAND

Date 1900 Month Jan Day 21st

Y. M. D. Age 73.

Native of Md

Occupation Housewife

~~Male~~ Female

~~White~~ Colored

Married ~~Single~~ ~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living 12

Husband ~~Wife~~ of Luby Oakey

Father's Name Not Known

Mother's Name Not Known

Cause of Death: Primary — Pneumonia — How long sick two weeks

Immediate

~~Accident, Suicide, Homicide~~

Reported by John Peach Jr

Address Mitchellsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, CHICAGO

Name in Full: John H. Rennie

Certificate of Death

Died at — Town: Blavensburg — County: P. Geo — MARYLAND

Date 1900 — Month: Jany — Day: 3 — Age: Y. 59 M. — D. — Native of: England — Occupation: Gardener

Male — White — Married — Widow — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — Widower — Number of children living: four

Husband of Wife: Mary Rennie

Father's Name: John Rennie — Mother's Name: Dont Know

Cause of Death — Primary: Gastro Enteritis — How long sick: fourteen days

Immediate — Accident, Suicide, Homicide

Reported by: Chas Aubley

Address: Hyattsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Maria Teresa Schmittbauer

Died at Town Mitchellsville County P G MARYLAND

Date 1900 Month Jan Day 2 Age Y. 4 M. 25 D. Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Lenhart Schmittbauer

Mother's Name Margaret Schmittbauer

Cause of Death Primary Marasmus

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by John Prachmo.

Address Mitchellsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55888

Name in Full Melvina Turner — Certificate of Death

Died at Town Brandywine County Pr. Georges MARYLAND

Date ~~189~~ 1900 Month 1 Day 27 | Age Y. 75 M. 3 D. 20 | Native of Md | Occupation Housewife

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ / ~~Divorced~~ — Number of children living 4

Husband / Wife of Thomas Jefferson Turner

Father's Name Leonard H Earley — Mother's Name Margaret Wallace

Cause of Death: Primary Paralysis - softening of Brain — How long sick 1 year

Immediate Asthenia — Accident, Suicide, Homicide 3 days

Reported by John A. Coe

Address R.B. [redacted] Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55065

Name in Full

Certificate of Death

Mars Celestia Anne Winsor

Died at Town: Near Westphalia County: P. G. Co. MARYLAND

Date 1900 Month: 1 Day: 14 | Age Y.: 77 M. D. | Native of: Md. | Occupation: House Work

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living: 6

~~Husband~~ ~~Wife~~ of

~~Father's Name~~ ~~Mother's Name~~

Cause of Death: Primary: Old age

Immediate: Heart Failure

How long sick: 1 Hr

Accident, Suicide, Homicide

Reported by: Scott Armstrong

Address: Forestville, Md. They had no Dr.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968